

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CS17910012	(X3) DATE SURVEY COMPLETED R 02/13/2019
NAME OF PROVIDER OR SUPPLIER CENTERSTONE OF FLORIDA	STREET ADDRESS, CITY, STATE, ZIP CODE 2020 26TH AVENUE EAST BRADENTON, FL 34208	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
<p>0000 - INITIAL COMMENTS</p> <p>An unannounced second revisit survey was conducted on 2/13/19, in follow-up to the complaint survey (CCR# 2018013030) conducted on 11/14/18 at Centerstone of Florida Crisis Stabilization Unit.</p> <p>The facility had uncorrected deficiencies at the time of the survey.</p> <p>License # 1467</p> <p>0061 - Minimum Program Stds - E.M.S.- C.P.R - 65E-12.106(18)(b) FAC</p> <p>Based on document review and staff interview it was determined the facility failed to ensure six (Employee F, G, H, I, J, and K) of 11 sampled employees maintained current certification in cardiopulmonary resuscitation (CPR).</p> <p>Findings included:</p> <p>The review of the plan of correction, dated December 13, 2018 and accepted on 12/14/18, indicated all registered nurses (RNs) and behavioral health techs (BHTs) without current CPR certification were required to attend a training conducted on 11/16/18, 12/6/18, 12/10/18, 12/13/18 or 12/14/18. The plan indicated all training was completed as of 12/14/18.</p> <p>The review of the plan of correction signed by the Chief Executive Officer, dated January 25, 2019 and accepted on 2/8/19, indicated the two employees who were not in compliance with the requirement to maintain current CPR certification at the time of the revisit conducted on 1/2/19, had since completed training effective 1/24/19. The plan of correction indicated the ongoing process to identify employees in need of training to maintain CPR certification was a software system that notified the employee via email of the need to update their CPR certification. The plan of correction indicated compliance with staff training is currently tracked and reported quarterly to the CPI Committee (CPI acronym unexplained). The plan included a statement that any staff not in compliance with CPR Certification will not be allowed to work and will be removed from the schedule until evidence of training has been provided, effective 1/24/19.</p> <p>A sample of 11 employees were selected at random from staffing assignment sheets displaying the names and titles of employees who worked at least one shift between January 24, 2019 and February 13, 2019.</p>		

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<p>The staffing assignment sheet revealed Employee F, a BHT hired on 8/27/18, worked 7 pm - 11 pm on Tuesday, 2/5/19. The training transcript indicated the CPR certification for Employee F expired on 9/23/18.</p> <p>The staffing assignment sheet revealed Employee G, a BHT hired on 7/23/18, worked the day shift (7 am - 7 pm) on Friday, 2/8/19. The training transcript indicated the CPR certification for Employee G expired on 8/23/18.</p> <p>The staffing assignment sheet revealed Employee H, a BHT hired on 11/26/18, worked the day shift (7 am - 7 pm) on Tuesday, 2/5/19. The training transcript indicated the CPR certification for Employee H expired on 12/26/18.</p> <p>The staffing assignment sheet revealed Employee I, a BHT hired on 12/3/18, worked the day shift (7 am - 7 pm) on Wednesday, 1/30/19. The training transcript indicated the CPR certification for Employee I expired on 1/2/19.</p> <p>The staffing assignment sheet revealed Employee J, a BHT hired on 10/19/15, worked the night shift (7 pm - 7 am) on Friday, 1/25/19. The training transcript indicated the CPR certification for Employee J expired on 3/5/17.</p> <p>The staffing assignment sheet revealed Employee K, a BHT hired on 2/8/16, worked the day shift (7 am - 7 pm) on Sunday, 1/27/19. The training transcript indicated the CPR certification for Employee K expired on 3/5/17.</p> <p>The facility was unable to comply with a request to provide documentation or evidence of an on-going process to identify employees in need of training to maintain current CPR certification and ensure all employees with direct care responsibilities are in compliance with the requirement.</p> <p>An interview was conducted with the Performance Improvement/Risk Management Director and the Executive Assistant on 12/13/19 at 3:00 p.m. The Executive Assistant indicated she had been tasked with maintaining a spreadsheet listing employees and the dates of expiration of their CPR certification. Neither the Director nor the Executive Assistant were able to provide a written or verbal description of the process for following up with employees who were due for recertification to ensure training was scheduled on a timely basis and recertification was obtained on a timely basis. They were unable to provide a written or verbal description of the process by which employees without current CPR were identified and either removed from, or never placed on, the work schedule.</p> <p>The Director confirmed the above findings at the time of the interview.</p>		

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<p>Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS</p> <p>Based on policy review, document review, and staff interview it was determined the facility failed to maintain an accurate and complete employee roster on the Agency for Healthcare Administration (AHCA) clearinghouse website.</p> <p>Finding Include:</p> <p>In response to a request to provide the current policy and procedure for maintaining the employee roster on the AHCA clearinghouse website, the facility provided a document titled Job Aide for Entering Hire and Term Dates into DCF/AHCA Roster. The document was not dated. There was no policy number. There was no indication the document had been reviewed or approved by the facility management. The document did not include any information on what department or position was responsible for compliance with the policy. The document did not reference the position titles that were required to be maintained in the roster. The document did not reference either the Hospital or the CSU, or make any mention that separate rosters were required for each facility.</p> <p>The review of the list of current facility employees revealed the names and titles of 40 direct-care employees. In addition, the review of the staffing assignment sheets for 1/24/19 through 2/13/19 revealed the names of an additional 42 direct care employees whose names did not appear on the list of facility employees, who were assigned to work at least one shift in the facility during the aforementioned time period.</p> <p>The surveyor conducted a review of the Agency for Health Care Administration (AHCA) online clearinghouse employee roster for the facility on 2/13/19 at 2:30 p.m. under the facility's file number at the website address https://flclearinghouse.com/Modules/Management/ExternalUser/ProviderAccount.aspx. The AHCA clearinghouse employee roster did not include the names of 12 employees whose names appeared on list of CSU (Crisis Stabilization Unit) employees provided by the facility. The AHCA clearinghouse roster did not include the names of 15 of the employees who were assigned to work at least one shift in the facility between 1/24/19 through 2/13/19. The review of the online clearinghouse employee roster revealed the names of multiple employees who could not be found on either the CSU list of employees or the employee assignment sheets.</p> <p>The Performance Improvement/Risk Manager Director was present at the time of the online search and confirmed the finding the facility did not develop and maintain an accurate employee roster on the clearinghouse website.</p>		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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